

Return this form to C.S.T.I. annually no later than December 31 to stay "Certified". Thank you for your prompt attention.

Print Name:	
Current Work Address:	Phone: ()
Current Home Address:	Phone: ()
Cell Phone: ()	Email:

List **Four One Hour entries** of CSTI Curriculum taught in this year in the lines below.
Sign your name at the bottom of this box where indicated.

	Date 2013	Instructor Name (First/Last)	Class Type (FRA, FRO, Etc)	CSTI Block Title (S.I.N. Etc)
1.				
2.				
3.				
4.				
I certify that I have taught the above listed four, 1 hour each C.S.T.I. Outreach Blocks:			*Your Signature:	

Verification can be made by **either** your Department Head or Agency Representative **or** by three students who attended your class. Complete the appropriate box below.

Department Head or Agency Representative Verification	
Name of Dept. Head or Agency Rep	Signature of Dept. Head or Agency Rep
Address of Dept Head or Agency Rep	Phone Number of Dept. Head or Agency Rep

<u>Instructional Hours verified by the following 3 Students Who Attended Your Class:</u>		
Signature from Student # 1 in Class	Printed Name Student # 1 in Class	Contact Phone Number
Signature from Student # 2 in Class	Printed Name Student # 2 in Class	Contact Phone Number
Signature from Student # 3 in Class	Printed Name Student # 3 in Class	Contact Phone Number

FAX: 805/549-3555 Mail: Camp SLO, CSTI/CAL OES, Bldg. 904, 10 Sonoma Ave., San Luis Obispo, CA 93405-7605.

I request CSTI to contact me specifically by e-mail when issuing public notices of proposed regulatory changes. Initials_____